

## 2010.5.28 caEHR 1:1 Call with St. Joseph Hospital, Orange, CA

### Agenda:

- Welcome
- caEHR Project
- Site Goals, Objectives, Expectations
- EHR Vendor
- Roles and Responsibilities
- Prepare for Initial on-site visit
- Communications plan
- Risks/Issues and Mitigation Options
- Next Steps
- Wrap Up

### Welcome/Introductions:

#### *St. Joseph:*

- Josh Mann: No official title at the cancer center but equivalent to IT lead. Handles NCCCP/caBIG implementations. Handling implementation of Varian EMR.
- Nancy Harris\*: Cancer center administrator. \*NOTE that Nancy was not on call due to illness

#### *PMO:*

- Brenda Duggan: Leads IT efforts for NCCCP. Works at CBIIT, part of caBIG program
- Marc Koehn: Stakeholder engagement manager within PMO office
- Kevin Hurley: caEHR project manager for CBIIT

#### *Deployment Team:*

- Mary Greene, Kathryn Schulke, Beth Franklin, Alex Miroff, Lucy Burge, Jackie Baldaro, Chris West, Barbara Lund, Daniel Ertley

### caEHR Project

- Overview
  - Support ambulatory oncology clinical care
  - Engage software vendor communities to deliver a series of business capabilities that address unique needs of the ambulatory oncology sector while meeting the ARRA/HITECH meaningful use requirements
    - Highly modular and configurable
    - Integrate with other clinical, administrative and research systems
    - Leverage existing health IT standards and extend these standards from an oncology perspective where appropriate
  - Released with a full set of specifications that can be used by vendors and implementers to leverage all or portions of the caEHR deliverables
- Project Goals

- Architectural adoption by vendors of platform independent caEHR specifications for their product to help broader market meet cancer needs
- Solution adoption thru the Open Health Tools community of the business capabilities
  - Enable wide adoption by broadest community of vendors
  - Open source community
  - Enables caEHR components to find broad audience
- Clinical community adoption of one or more business capabilities to be used at an early adopter site
  - Ultimate and most important measure of success
  - Production, use, improved care for patients
- Business Capabilities
  - Evolving starter list / starter set of business capabilities for discussion
    - Recognize the contribution of St. Joseph/Orange with developing these Business Capabilities
    - Generated from caEHR domain experts (HL7 Ambulatory Oncology Functional Profile, ASCO Oncology EHR Functional Requirements)
    - Aligned with Meaningful Use criteria
  - Want NCCCP site feedback
    - Refine and prioritize this list of Business Capabilities
      - Identify gaps from current system to caEHR
  - Capabilities have interdependencies
  - Will focus on Referrals and Clinical Document, and Outcomes Management
  - Will continue to discuss Business Capabilities with clients as we move forward
- caEHR Stakeholder Engagement Model / Iteration Release Review
  - Stakeholder Engagement model is intended to be layered with various NCI governance and oversight mechanisms in place
  - Notional Iteration / Release review group
  - Six planned release cycles of three iterations each
    - Project team develop materials
      - Day to day dialogue with clinical and business experts
      - Written materials by deployment team
      - Timing and feedback mechanisms
  - NCCCP site engagement Layers
    - At the most detailed level
      - Participate in discussions at the DE / SME level (1 – 3 days per week)
      - Review and comment on materials
      - Primarily clinical folks (St. Joseph/Orange currently in the hiring process of a clinical informaticists and a business analyst)
    - Iteration / Release boundary level

- 1-2 key members per site, act as conduits between caEHR work and the NCCCP site
      - Act as a conduit
  - Stakeholder Expert Group
    - Representative of the various interests and will have a limited number of participants
- Stakeholder Engagement Next steps
  - Send out details regarding the three levels in terms of charter, reference document to help you better understand opportunity
    - Identify who would be candidates to engage with the project team at site
  - Nothing needs to be decided today (5.28.2010) on call
- Site Deployment process
  - Process we will follow during the project
  - Steps may occur concurrently
  - Will repeat these steps for each Business Capability
    - Deployment will be site specific
- Project Activities to occur in the Near Term
  - Pre visit activities with NCCCP site
  - Pre populate data
  - Identify date for on site visit
- Release cycles from Kevin:
  - Will be releasing service specifications as well as software based upon the roadmap that has been defined
  - Expecting that vendor's won't integrate with code. Want to see platform independent specifications.

#### **Site Goals, Objectives, Expectations**

- Critical to the success of the deployment of the caEHR
- St. Joseph/Orange goals from 4.26.2010 call
  - Interested in seeing improved integration in data sharing among existing EHR vendors as well as additional development capabilities for ambulatory oncology EHR's – Josh agreed that this was their goal, thought it sounded 'pretty good' and stated there were no other goals
    - Rely heavily on integration and when going through EMR selection process, it took years to choose the correct oncology vendor

#### **EHR Vendor**

- Vendors are critical part of project, need to engage with the vendors
- Inpatient: Meditech
  - Ambulatory Allscripts hospital-based physicians

- Negotiation costs
  - First phase of physician roll out would be 25 MD's (2 or 3 largest practices)

Then with remaining money available, roll out to first come first serve (small 2-3 MD practices). Think they can handle 50 MD's overall.

- For cancer center private practice physicians: instance of Varian /ARIA to use
  - Currently physician kick-off is on hold
- Lab: Meditech
- Rx: Meditech (Josh mentioned Pyxis, but please note that Pyxis is an automated dispensing cabinet (ADS) and not a pharmacy EHR system)
- ADT: Meditech
- ARIA/Varian will integrate to Meditech for orders and results
  - Relationship between St. Joseph/Orange and Meditech. Well positioned with Meditech. St. Joseph's is part of St. Joseph Health System. The health system uses Meditech. St. Joseph/Orange is one of larger hospitals / ministries in the health system (NOTE: St. Joseph health System refers to their hospitals as Ministries)
  - Team from Meditech is on site at a health system level
  - Have developed several modules with Meditech
    - Not sure if they have used these modules at other sites besides the St. Joseph ministries

#### **Roles and Responsibilities**

- Team is not built yet
  - In the process of hiring a clinical informatics as well as a business analyst
- Principal investigator will not be engaging in caEHR project activities
  - Nancy Harris is the cancer center administration, and will essentially take on roll that PI would have taken
- For Varian EMR project, St. Joseph Orange hired in a project manager to help

#### **Prepare for Initial on-site visit**

- Site visits need to be completed by July 15, 2010
  - Purpose and intended outcomes of the site visit are two-fold
    - Opening meeting to facilitate team introductions
    - Conduct the site readiness assessment
      - People, process technology, operations, etc.
        - Interview guide
          - Yes/No questions
          - Scale of 1-5
          - Narrative responses
- Duration of visit
  - 1-1.5 days with possibly 6-10 people visiting site

- Note that Josh is concerned that workflows will change from time of site visit to after Varian EHR is implemented. Beth acknowledged that this was understood but we still need to come onsite and conduct the Readiness Assessment
- Site Survey / Interview guide
  - Will send interview guide to site prior to site visit
    - People, process, technology, organizational structure
      - Yes/no, 1-5 scale, narrative responses
      - Conducted in an interview format
  - Will be pre-populated with as much information as Deployment team can find
    - Will validate and collect additional information when on site
  - Opportunity for NCCCP site to review questions and ensure correct individuals are present to answer questions
  - Following site visit, will have a score of the readiness assessment of NCCCP site, present findings
  - If business capability discussion has not happened prior to site visit, will have business capability discussion during site visit
    - Help determine proprieties
  - Note: workflow will change dramatically when EMR (Varian) is implemented in the cancer center. Concerned about answering workflow questions that may not be useful for the long term.
- Prep for On Site Visit
  - Identify site participants
  - Schedule site visit
    - Wants feedback from Nancy Harris on this
    - Tentative ideas: Last 2 weeks in June towards end of week (24, 25, 30-2<sup>nd</sup> of July)
    - Beth will work with Josh to figure this out
  - Finalize all the details of the site visit

### **Communications Plan**

- Key to success of caEHR project, lots of moving parts
- Identify who project point of contact will be: Josh Mann
  - Beth will be POC for deployment team
- Feedback from NCCCP sites to the Analyst team regarding Business Capabilities
  - Developed and refining process for comments/questions
  - Feed back to analysis team
  - Account for additional requirements
  - Obtaining non functional requirements to analysis team
    - Site specific issues about how to deploy various things from caEHR team
- NOTE: weekly communication with Josh would be fine, but getting Nancy on for this will be hard

### **Risks/Issues and Mitigation Options**

- Resources run pretty thin at St. Joseph/Orange (getting staff on board)
  - A little late on things, but always try to get it done and get it done well
  - Need some flexibility with timelines
- Workflows may be different after Varian is implemented
- If they have to start reaching out beyond the cancer center then they will experience some slow down. Health system level is not aware of what is going on. Don't really function as a health system (different versions of Meditech), each site is essentially on their own
- Josh thinks Varian is ready to adopt anything relating to meaningful use
  - May have other projects that may get put on hold as vendor is focusing so much on meaningful use and be distracted

### **Next Steps**

- Finalize contact information channels of communication
- Follow up calls
- Business Capability discussion
- Unfinished agenda items
- Finalize visit date and logistics for site visit
- Meeting summary document
  - Five business days

### **Wrap Up**

- Contact info for Beth Franklin and Lucy Burge